UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/921,654	08/03/2001	Anshul Amar	ATH-001	5834

42532   7590   09/10/2007

PROSKAUER ROSE LLP
ONE INTERNATIONAL PLACE
BOSTON, MA 02110

EXAMINER
PASS, NATALIE

ART UNIT	PAPER NUMBER
3626	

MAIL DATE	DELIVERY MODE
09/10/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	**Applicant(s)**
	09/921,654	AMAR ET AL.
Office Action Summary	**Examiner**	**Art Unit**	
	Natalie A. Pass	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>19 June 2007</u>.

2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-20,24-28 and 30-33* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-20,24-28 and 30-33* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1)☒ Notice of References Cited (PTO-892)

2)☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3)☐ Information Disclosure Statement(s) (PTO/SB/08)
    Paper No(s)/Mail Date _____.

4)☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____.

5)☐ Notice of Informal Patent Application

6)☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1.   A request for continued examination under 37 CFR 1.114, including the fee set forth in

37 CFR 1.17(e), was filed in this application after final rejection. Since this application is

eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e)

has been timely paid, the finality of the previous Office action has been withdrawn pursuant to

37 CFR 1.114. Applicant's submission filed on 19 June 2007 has been entered.

2.   This communication is in response to the Request for Continued Examination and

amendment filed on 19 June 2007. Claims 1, 3, 15, 20, 24, 27-28, and 31 have been amended.

Claims 21-23 and 29 have been previously canceled.   Claims 1-20, 24-28, 30-33 remain

pending.

Claim Rejections - 35 USC § 112

3.   The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the
> subject matter which the applicant regards as his invention.

4.   Claims 1, 27 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for

failing to particularly point out and distinctly claim the subject matter which applicant regards as

the invention.

(A)   Claims 1 and 27 recite the limitation "the one or more insurance rules that apply

to the payor server" in lines 19-20, 21-22 and 17, respectively.

There is insufficient antecedent basis for this limitation in the claims.

5.   The rejection of claim 24 under the first paragraph of 35 U.S.C. 112 is hereby withdrawn

due to the amendment filed 19 June 2007.

Claim Rejections - 35 USC § 103

6.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

7.   Claims 1-8, 13-20, 24-28, 30-33 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Burks et al., U.S. Patent Number 6, 453, 297 and Campbell et al., U.S. Patent

Number 6, 047, 259, for substantially the same reasons given in the previous Office Action

(paper number 20070109).   Further reasons appear hereinbelow.

(A)   As per claim 1, Burks teaches a method for managing a medical practice

comprising:

(a) storing one or more insurance rules in an insurance company rules database on a

medical practice management server (Burks; Figure 1, Items 10, 12, (Burks; column 3, lines 24-

32, column 4, lines 16-24, column 6, lines 9-29, column 7, line 55 to column 8, line 46);

(b) communicating with a medical practice client user interface over a first

communication network (Burks; column 3, lines 9-15, column 6, lines 58-60);

(c) communicating with a payor server over a second communications network (Burks;

column 3, lines 33-36, column 6, lines 3-8);

(d) receiving information associated with an event related to a patient from at least one of

the medical practice client user interface or the payor server (Burks; column 6, lines 8-19);

(f) performing, by the medical practice management server, one or more workflow tasks

in a billing workflow (Burks; column 4, lines 11-25), which "verifies" (reads on "examines")

(Burks; column 3, line 65 to column 4, line 1) and "reorganizes" (reads on "processes") (Burks;

column 5, lines 51-54) an insurance claim, associated with the event (Burks; column 7, line 55 to

column 8, line 46); Examiner interprets Burks's teachings of "[t]these generic data records

include ... [...] ... financial information" (Burks; column 7, lines 64-67) be a form of "in a

billing workflow");

(h) using at least a portion of the information, which is defined by the one or more

insurance rules that apply to the payor server, associated with the event to create an insurance

claim, which is formatted according to the one or more insurance rules that apply to the payor

server, following completion of the one or more tasks (Burks; Figure 1, Items 10, 12, column 3,

lines 31-32, column 6, lines 9-29, column 7, line 55 to column 8, line 46); Examiner interprets

Burks's teachings of "[a]nother advantage of such a system 18 is that the information passing

through the system can be organized in generic data records independent of the data message

formats which are being received by and transmitted from the medical transaction system. These

generic data records include claim information, financial information, and medical history

information" (emphasis added) (Burks; 7, lines 59-65) together with Burks's teachings of

"communications transmitter for transmitting the formatted message information to a trading

partner in a communication protocol and data message format recognized by the trading partner

[reads on "formatted according to the ... [...] ... rules that apply to the payor server"]" (Burks;

column 3, lines 31-62) and Burks teachings of "[t]he medical transaction system of FIG. 3 is capable of communicating with a variety of data message formats and communication protocols. Such a system is capable of remedying an ill recently noted by the President of the United States that there is complete lack of a uniform medical claim in the United States. A system incorporating the present invention provides uniformity without imposing the costs of requiring the insurance carriers and the healthcare providers to use the same data format" (Burks; column 8, lines 5-13) together with Burks's teachings of "[t]he medical transaction systems shown in FIGS. 1 through 3 are preferably performed by software executing on a ... [...] ... computer ... [...] ... and operating system ... [...] ... include custom written software programs ... [...] ... [reads on "rules that apply to the payor server"] ... [...] ... executes on a single computer running a single operating system, the communication function could be segregated in one computer system that handles the communication protocol processing for the reception and transmission of data messages. After the ... [...] ... processing is completed, the communication computer could then transfer the data messages to another computer system executing a compiler program to compile information from the data messages and create the generic records, and an extractor program could extract selected ones of the generic records, format them to particular data formats and provide the formatted data messages to the communication computer for transmission to a healthcare provider or trading partner [reads on "payor"] computer station" (Burks; column 8, lines 19-46) to teach this limitation.

Although Burks teaches performing one or more tasks associated with the event (Burks; column 6, lines 15-19), and automatically and repeatedly interacting with the information associated with the event by applying one or more rules within a set of rules and performing

transactions with the "trading partner" (reads on "payor") server (Burks; column 3, line 60 to

column 4, line 6), Burks fails to explicitly disclose

(e) performing by the medical practice management server one or more workflow tasks in

a patient workflow associated with the event;

(g) automatically and repeatedly interacting with the information associated with the

event during the patient workflow tasks and billing workflow tasks to correct an error, a

deficiency, or any combination thereof by applying one or more rules within a set of rules.

However, the above features are well-known in the art, as evidenced by Campbell.

In particular, Campbell teaches

(e) performing by the medical practice management server (Campbell; Figure 2, Item

202) one or more workflow tasks in a patient workflow associated with the event (Campbell;

column 3, lines 54-59, column 5, lines 32-67, column 6, lines 22-55, column 9, lines 5-15);

(g) automatically and repeatedly interacting with the information associated with the

event during the patient workflow tasks and billing workflow tasks to correct an error, a

deficiency, or any combination thereof (Campbell; column 2, lines 31-37, column 15, lines 48-

51, column 18, lines 10-16, 27-43) by applying one or more rules within a set of rules; Examiner

interprets Campbell's teachings of "[t]he server automatically adds service items completed

during the visit to the client's invoice" (Campbell; column 15, lines 48-51) to be a form of

correcting a deficiency during a billing workflow task and Campbell's teachings of "[t]he server

removes the diagnosis from the rule out list, adds it to the tentative diagnosis, and determines

which abnormal observations are linked to the diagnosis" (Campbell; column 17, lines 10-12) to

be a form of correcting a deficiency during a patient workflow task.

It would have been obvious to one of ordinary skill in the art at the time the invention

was made to modify the method of Burks to include these limitations, as taught by Campbell,

with the motivations of providing a graphical and interactive medical office management system

that effectively manages workflow, automatically generates client education information, tracks

the conducting of a physical examination, diagnosing of medical conditions and management of

a therapy protocol, and tracks the flow of patients in a medical office (Campbell; Abstract,

column 1, lines 35-37).

(B)   As per claims 2-6, Burks and Campbell teach a method as analyzed and discussed

in claim 1 above

further comprising verifying the information at least one of before, during, or following

performing the workflow tasks in the patient workflow associated with the event (Burks; column

3, line 65 to column 4, line 4, column 6, lines 37-40), (Campbell; column 9, line 65 to column

10, line 3);

further comprising the steps of:

(i) receiving an error notification (Burks; column 6, lines 49-52); and

(j) performing a correcting action in response thereto (Burks; column 9, lines 45-60);

wherein the performing the correcting action further comprises transmitting an error

message denoting an error to the medical practice (Burks; column 6, lines 47-59, column 9, lines

45-49);

wherein the correcting action comprises correcting at least one of a typographical error, a

formatting error, and "insufficient" (reads on "incomplete") information, or any combination

thereof (Burks; column 10, lines 44-51); and

further comprising generating the error notification (Burks; column 6, lines 47-51).

The motivations for combining the respective teachings of Burks and Campbell are as given in the rejection of claim 1 above, and incorporated herein.

(C)   As per claims 7-8, 13-14 Burks and Campbell teach a method as analyzed and discussed in claims 1 and 2 above

further comprising submitting the claim to the "trading partner" (reads on "payor") server over the second communications network (Burks; column 3, line 60 to column 4, line 6);

further comprising updating the "formats" (reads on "rules") in the set of rules (Burks; column 5, line 66 to column 6, line 19);

wherein the performing of the workflow tasks in the billing workflow following the event further comprises the step of

receiving a claim (Burks; column 5, lines 51-54); and

wherein the transactions performed with the payor server further comprises claim submittals (Burks; column 5, lines 34-36).

(D)   Amended claim 15 differs from amended method claim 1, in that it is a system rather than a method for managing a medical practice.

System claims 15, 18 and 19 repeat the subject matter of claims 1, 2 and 14, respectively, as a set of elements rather than a series of steps. As the underlying processes of claims 1, 2 and 14 have been shown to be fully disclosed or obvious by the combined teachings of Burks and Campbell in the above rejection of claims 1, 2 and 14, it is readily apparent that the system disclosed by Burks and Campbell includes the apparatus to perform these functions. As such,

these limitations are rejected for the same reasons given above for method claims 1, 2 and 14,

and incorporated herein.

(E)   As per claims 16-17, Burks and Campbell teach a method as analyzed and

discussed in claim 15 above

further comprising a patient information database (Burks; column 4, lines 29-31) and an

insurance information database (Burks; column 3, lines 60-62, column 6, lines 21-29, column 7,

lines 40-44); and

wherein the rules engine further comprises a rules database to store the set of rules

(Burks; column 3, lines 45-62, column 3, line 65 to column 4, line 4).

(F)   Amended claim 20 differs from amended method claim 1, in that it is a system

rather than a method for medical practice management.

System claim 20 repeats the subject matter of claim 1, respectively, as a set of "means-

plus-function" elements rather than a series of steps. As the underlying processes of claim 1

have been shown to be fully disclosed or obvious by the combined teachings of Burks and

Campbell in the above rejection of claim 1, it is readily apparent that the system disclosed by

Burks and Campbell includes the apparatus to perform these functions. As such, these

limitations are rejected for the same reasons given above for method claim 1, and incorporated

herein.

(G)   As per claims 24-26, Burks and Campbell teach a method as analyzed and

discussed in claims 1-2 above,

wherein a portion of the information associated with the event comprises a first procedure

information and a second procedure information (Campbell; column 17, lines 53-57).

wherein the performing of the workflow tasks in the billing workflow following the event

further comprise the steps of "setting a flag" (reads on "moving the claim into a claim inquiry

group and assigning an additional task to be completed to close the claim") (Burks; Figure 9,

column 9, lines 45-60, column 12, lines 55-57); and

wherein the one or more rules in the set of rules have universal applicability, apply only

to one or more specific insurance packages, apply only to specific medical care providers, or any

combination thereof (Burks; column 3, line 45 to column 4, line 6, column 5, line 66 to column

6, line 19).

The motivations for combining the respective teachings of Burks and Campbell are as

given in the rejection of claim 1 above, and incorporated herein.

(H)   As per claim 27, Burks and Campbell teach a method for managing a medical

practice comprising:

(a) storing one or more rules in an insurance company rules database (Burks; Figure 1,

Items 10, 12, column 2, lines 59-62, column 3, lines 59-61, column 6, lines 9-29, column 7, line

55 to column 8, line 46);

(b) communicating with a medical practice client user interface over a first

communication network (Burks; column 3, lines 9-15);

(c) communicating with a payor server over a second communications network (Burks; column 3, lines 33-36);

(d) receiving information associated with an event related to a patient from at least one of the medical practice client user interface or the payor server, or any combination therof (Burks; column 6, lines 8-19); and

(e) performing one or more workflow tasks in a patient workflow associated with the event (Campbell; column 3, lines 54-59, column 5, lines 32-37, 61-66, column 6, lines 22-45);

(f) performing one or more workflow tasks in a billing workflow (Burks; column 4, lines 11-25), which "verifies" (reads on "examines") (Burks; column 3, line 65 to column 4, line 1) and "reorganizes" (reads on "processes") (Burks; column 5, lines 51-54) an insurance claim, associated with the event (Burks; column 7, line 55 to column 8, line 46); Examiner interprets Burks's teachings of "[t]these generic data records include … […] … financial information" (Burks; column 7, lines 64-67) be a form of "in a billing workflow");

(g) after performance of the one or more workflow tasks in the patient workflow and the one or more workflow tasks in the billing workflow, storing at least a portion of the information associated with the event, which is defined and formatted by the one or more rules that apply to the payor server, for a purpose other than to create the insurance claim (Burks; Figure 1, Items 10, 12, column 3, lines 31-32, column 6, lines 9-29, column 7, line 55 to column 8, line 46), (Campbell; column 10, lines 47-62); Examiner interprets Burks's teachings of "[a]nother advantage of such a system 18 is that the information passing through the system can be organized in generic data records independent of the data message formats which are being received by and transmitted from the medical transaction system. These generic data records

include claim information, <u>financial information, and medical history information</u>" (emphasis

added)(Burks; 7, lines 59-65) together with Burks's teachings of "communications transmitter

for transmitting the formatted message information to a trading partner in a communication

protocol and data message format recognized by the trading partner [reads on "formatted

according to the ... [...] ... rules that apply to the payor server"]" (Burks; column 3, lines 31-32)

together with Burks's teachings of "[t]he medical transaction systems shown in FIGS. 1 through

3 are preferably performed by software executing on a ... [...] ... computer ... [...] ... and

operating system ... [...] ... include custom written software programs ... [...] ... [reads on "rules

that apply to the payor server"] (Burks; column 8, lines 19-46) together with Campbell's

teachings of "[t]he server maintains patient status table storing a dynamic list of all patients

which are in the hospital at a given time. This table also includes the date and time the patient

arrived, and the current physical location of the patient within the hospital. The server updates

the table in response to messages from the clients that change the status of the patient"

(Campbell; column 10, lines 47-62) to teach this limitation; and

(h) automatically and repeatedly interacting with the information associated with the

event in connection with the performed patient workflow and billing workflow tasks by applying

one or more rules to correct an error, a deficiency, or any combination thereof (Campbell;

column 2, lines 31-37, column 15, lines 48-51, column 18, lines 10-16, 27-43); Examiner

interprets Campbell's teachings of "[t]he server automatically adds service items completed

during the visit to the client's invoice" (Campbell; column 15, lines 48-51) to be a form of

correcting a deficiency during a billing workflow task and Campbell's teachings of "[t]he server

removes the diagnosis from the rule out list, adds it to the tentative diagnosis, and determines

which abnormal observations are linked to the diagnosis" (Campbell; column 17, lines 10-12) to

be a form of correcting a deficiency during a patient workflow task.

The motivations for combining the respective teachings of Burks and Campbell are as

given in the rejection of claim 1 above, and incorporated herein.

(I)   Claims 28, 30-33 differ from method claims 1-5 by reciting a "computer program

product, tangibly embodied..." in the preamble. As per this limitation, Burks clearly discloses

his invention to be implemented on a computer program product (Burks; column 3, lines 9-32).

The remainder of claims 28, 30-33 repeat the limitations of claims 1-5, and are therefore rejected

for the same reasons given above for claims 1-5.

The motivations for combining the respective teachings of Burks and Campbell are as

given in the rejection of claim 1 above, and incorporated herein.

8.   Claims 9-11 are rejected under 35 U.S.C. 103(a) as being unpatentable over Burks et al.,

U.S. Patent Number 6, 453, 297 and Campbell et al., U.S. Patent Number 6, 047, 259, as applied

to claims 1 and 2 above, and further in view of Berman et al., U.S. Patent Number 5, 995, 939,

for substantially the same reasons given in the previous Office Action (paper number 20070109).

Further reasons appear hereinbelow.

(J)   As per claim 9, Burks and Campbell teach a method as analyzed and discussed in

claims 1 and 2 above.

Although Burks and Campbell teach performing tasks associated with an event such as a

patient visit (Burks; column 6, lines 8-19),

Burks and Campbell fail to explicitly disclose a method

wherein the performing of the workflow tasks in the patent workflow before the event

further comprises the steps of at least one of

receiving a request for an appointment,

searching for the patient in a patient information database,

receiving insurance information,

receiving referral information, and

receiving a proposed schedule appointment, or

any combination thereof.

However, the above features are well-known in the art, as evidenced by Berman.

In particular, Berman teaches

wherein the performing of the workflow tasks in the patent workflow before the event

further comprises the step of

receiving referral information (Berman; column 4, lines 7-24).

It would have been obvious to one of ordinary skill in the art at the time the invention

was made to modify the method of Burks and Campbell to include receiving referral

information, as taught by Berman, with the motivations of improving efficiency in managing

medically-related information by handling referrals and authorizations electronically, resulting in

reducing the "endlessly spiraling costs" in the health care industry (Berman; column 1, line 15

to column 2, line17).

(K)   As per claims 10-11, Burks, Campbell and Berman teach a method as analyzed and discussed in claims 1, 2 and 9 above.

wherein the receiving insurance information further comprises the steps of parsing or analyzing the insurance information and determining whether the patient is eligible (Berman; column 4, lines 13-14); and

wherein the receiving referral information further comprises defining a referral rule category, an appointment type class, and an intersection of the referral rule category and the appointment type class (Berman; column 4, lines 3-24, column 7, lines 23-35, 44-49).

The motivations for combining the respective teachings of Burks, Campbell and Berman are as given in the rejections of claims 1 and 9 above, and incorporated herein.

9.   Claim 12 is rejected under 35 U.S.C. 103(a) as being unpatentable over Burks et al., U.S. Patent Number 6, 453, 297 and Campbell et al., U.S. Patent Number 6, 047, 259, as applied to claims 1 and 2 above, and further in view of Ilsen et al., U.S. Patent Number 6, 757, 898 for substantially the same reasons given in the previous Office Action (paper number 20070109). Further reasons appear hereinbelow..

(A)   As per claim 12, Burks and Campbell teach a method as analyzed and discussed in claims 1 and 2 above.

Although Burks and Campbell teach performing tasks associated with an event such as a patient visit (Burks; column 6, lines 8-19),

Burks and Campbell fail to explicitly disclose a method

wherein the workflow tasks in the patient workflow performed during the event further

comprise at least one of performing check-in tasks, performing check-out tasks, or any

combination thereof.

However, the above features are well-known in the art, as evidenced by Ilsen.

In particular, Ilsen teaches

wherein the tasks performed during the event further comprise at least one of performing

check-in tasks, performing check-out tasks, or any combination thereof (Ilsen; column 13, lines

22-24).

It would have been obvious to one of ordinary skill in the art at the time the invention

was made to modify the combined teachings of Burks and Campbell to include these limitations,

as taught by Ilsen, with the motivations of restoring communications between doctors and their

patients, for enhancing service to patients, and for expanding the capacity of the medical

practice, without additional work by the doctor or his/her staff (Ilsen; column 3, lines 62-66).

Response to Arguments

10.   Applicant's arguments, filed 19 June 2007, have been fully considered but they are not

persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they

appear in the response filed 19 June 2007.

(A)   At pages 15-21 of the 19 June 2007 response, Applicant argues that the features

in the Application are not taught or suggested by the applied references. In response, all of the

limitations which Applicant disputes as missing in the applied references have been fully

addressed by the Examiner as either being fully disclosed or obvious in view of the combined

teachings of Burks, Campbell, Berman and Ilsen, based on the logic and sound scientific

reasoning of one ordinarily skilled in the art at the time of the invention, as detailed in the

remarks and explanations given in the preceding sections of the present Office Action and in the

prior Office Action (paper number 20070109), and incorporated herein. Specifically, Examiner

notes that the argued features of "storing one or more insurance rules in an insurance company

rules database" and "examines and processes an insurance claim" and "corrects an error, a

deficiency, or any combination thereof" and "uses a portion of the information ... [...] ... to

create and insurance claim, and formats the insurance claim ... [...] ... " are taught by the

combined applied references.

In particular, Examiner interprets Burks's teachings of "an extractor for extracting some

of the generic records associated with a trading partner computer station identification code, a

formatter for formatting message information from the extracted generic records in a format

corresponding to the trading partner computer station identification code, and a communications

transmitter for transmitting the formatted message information to a trading partner [reads on

"insurance company"] in a communication protocol and data message format recognized by the

trading partner" (Burks; column 3, lines 24-32) together with Burks's teachings of "[t]he

compiler of this embodiment further includes the capability to compile information from the

remittance and electronic funds transfer messages and associate the compiled information with

the generic records in the database generated from the medical data requests. Thus, the medical

transaction system can generate a database from the medical transaction requests, the remittance

messages, and the electronic funds transfer messages (Burks; column 4, lines 16-24) to teach a

form of "storing one or more insurance rules in an insurance company rules database;" and

Examiner interprets Burks's teachings of "verify the data fields" (reads on "examines") (Burks;

column 3, line 65 to column 4, line 1) and "reorganizes" (reads on "processes") (Burks; column

5, lines 51-54) an insurance claim to teach a form of the argued claim limitation "examines and

processes an insurance claim;" and Examiner interprets Campbell's teachings of "[t]he server

automatically adds service items completed during the visit to the client's invoice" (Campbell;

column 15, lines 48-51) to be a form of correcting a deficiency during a billing workflow task

and Campbell's teachings of "[t]he server removes the diagnosis from the rule out list, adds it to

the tentative diagnosis, and determines which abnormal observations are linked to the diagnosis"

(Campbell; column 17, lines 10-12) to be a form of correcting a deficiency during a patient

workflow task; and Examiner interprets Burks's teachings of "the medical transaction system of

the present invention may communicate data messages containing claim information to a variety

of insurance carriers without the insurance carriers all using the same data message formats and

communication protocols. This advantage permits the operator of the medical transaction system

to contract with any financial institution or insurance carrier for a format predetermined by a

trading partner agreement that meets the needs of one trading partner without impacting

communication or data format requirements for another trading partner" (Burks; column 3, lines

45-62) to teach a form of the argued claim limitation "uses a portion of the information ... [...]

... to create an insurance claim, and formats the insurance claim ... [...] ... according to the ...

[...] ... rules that apply to the payor server," and as teaching these limitations.

As per Applicant's argument in the last paragraph on page 15 of the 19 June 2007

response, although Burks teaches "that information to maintain a centralized database for

validating claims is not required from the insurance carriers" (Burks; column 4, lines 4-6) and

"each of the insurance carrier trading partners maintains its own databases for adjudicating the

claims it receives from system 10. Thus, there is no requirement for system 10 to have a

centralized database having specific insurance carrier information for processing or adjudicating

medical claims" (emphasis added) (Burks; column 6, lines 27-33), Examiner notes that Burks

also teaches "Firstly, medical transaction system 10 is capable of receiving a medical claim from

a plurality of healthcare providers or subscriber sites that use computer stations supporting

different medical claim formats and different communication protocols. For example, a doctor

may submit a claim for a patient's visit and a hospital may submit a claim for extended care at its

facility, even though the hospital and doctor use different computers that format data messages

differently and communicate in different protocols. The submission of the medical claims may

also be done in batch form or in a real time manner. Secondly, medical transaction system 10

not only receives the medical claim information in a multitude of formats and protocols but also

organizes the data in the received data messages to create generic records which contain the

medical claim information. These generic records facilitate the organization of a generic

transaction database 12 and the extraction of the generic records for transmission to a trading

partner [reads on "insurance company"]" (Burks; column 6, lines 8-27); Examiner interprets

these teachings to demonstrate databases maintained at the insurance company for claim

adjudication, however to also demonstrate rules databases at the medical practice management

server which organize the data and extract data for transmission to an insurance company.

As per Applicant's arguments on pages 16-21 of the 19 June 2007 response regarding the limitations of claims 9-12, these arguments have been previously addressed in this office action.

Conclusion

11.   The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied references, Miller, U.S. Patent Number 5, 235, 702, Haskey et al., U.S. Patent Application Number 2003/0208379 teach the environment of electronic management of medical offices.

12.   Any response to this action should be mailed to:

**Commissioner of Patents and Trademarks
     Washington D.C. 20231**

or faxed to: **(571) 273-8300**.

For informal or draft communications, please label
"PROPOSED" or "DRAFT" on the front page of the
communication and do NOT sign the communication.
After Final communications should be labeled "Box AF."

13.   Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.

14.   If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas, can be reached at (571) 272-6776. Any inquiry of a general nature or

relating to the status of this application or proceeding should be directed to the Receptionist

whose telephone number is (571) 272-3600.

15.   Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Natalie A. Pass

September 4, 2007

C. LUKE GILLIGAN
PRIMARY EXAMINER
TECHNOLOGY CENTER 3600